

# Teacher's Classroom Checklist

Name: \_\_\_\_\_

School: \_\_\_\_\_

Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

## Assess the status of the following:

### 1. GENERAL CLEANLINESS

	Yes	No	N/A
1a. Assure rooms are dusted and vacuumed regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Assure rooms are free of clutter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Assure that trash is removed daily .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Assure that no food is stored in classroom overnight .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Assure that animal food is stored in tightly sealed containers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Assure room is free of pests and vermin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Used unscented, school-approved cleaners and air fresheners, if any, in rooms .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. ANIMALS IN THE CLASSROOM

2a. Minimized exposure to animal allergens .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Assure that animals are kept in cages (as much as possible) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Assure that cages are cleaned regularly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Placed animal cages away from supply and return vents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. Identified potential allergies of students .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2g. Moved sensitive students away from animals and habitats.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. DRAIN TRAPS IN THE CLASSROOM

3a. Assure that water is poured down floor drains once per week (approx. 1 quart of water) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Assure that water is run in sinks at least once per week (about 2 cups of water) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Assure that toilets are flushed once each week, especially if not used regularly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4. EXCESS MOISTURE IN CLASSROOMS

4a. Assure that condensate is wiped from windows, windowsills, and window frames .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Assure that cold water pipes are free of condensate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Assure that indoor surfaces of exterior walls are free of condensate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Assure areas around and under classroom sinks are free of leaks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e. Assure classroom lavatories are free of leaks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f. Assure ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g. Assure that spills are cleaned promptly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Instructions

- Read the *IAQ Background* and the *Background Information* for this checklist.
- Keep the *Background Information* and make a copy of the checklist for future reference.
- Complete the Checklist.
  - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
  - Make comments in the "Notes" section as necessary.
- Return the checklist portion of this document to the IAQ Coordinator.

## 5. THERMAL COMFORT

	Yes	No	N/A
5a. Assure moderate temperature (should generally be 72°F–76°F) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Assure there are no signs of draftiness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. Assure that students are not seated in direct sunlight .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d. Assure that indoor humidity is maintained at acceptable levels (between 30 and 60 percent) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 6. VENTILATION

6a. Located unit ventilator .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Located air supply and return vents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Assure air is flowing from supply vent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Assure the air supply pathway is not obstructed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Assure there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6f. Assure there are no signs of mold or mildew (refer to <b>Appendix H</b> of the <i>IAQ Reference Guide</i> ) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Determined operability of windows.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

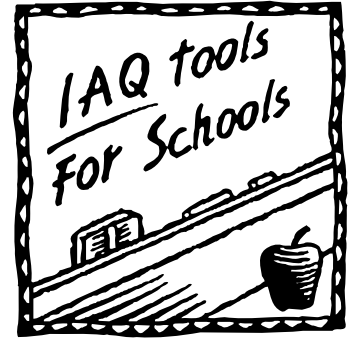
7a. Reviewed supplies and their labels .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. Assure that Material Safety Data Sheets are accessible.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c. Developed and implemented spill clean-up procedures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e. Assure that supplies are stored according to manufacturers' recommendations .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7f. Understood and followed recommended procedures for disposal of used substances .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7g. Assure that compressed gas cylinders are stored securely .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7h. Separated storage areas from main classroom area and ensured they are ventilated separately .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7i. Used diluted substances rather than concentrates, wherever possible .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7k. Assure that fume hoods capture respirable particles, gases, and vapors released within them .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

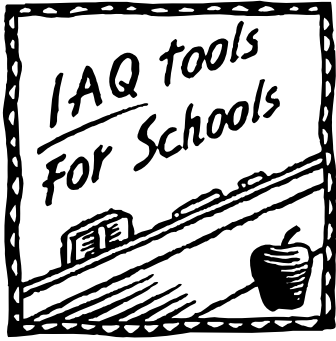
## 8. LOCAL EXHAUST FANS

8a. Identified major pollutant-generating activities, if any .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b. Located exhaust fan(s), if any .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c. Determined that fans operate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8d. Assure that adjacent rooms or halls are free of odor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 9. LOCKER ROOM

9a. Assure locker room and showers are cleaned regularly and properly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9b. Checked that soiled clothes are removed regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9c. Assure that wet towels are removed from locker room .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9d. Assure that there is water in the drain trap.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9e. Verified that the local exhaust fan is functioning properly and used consistently .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## NOTES